

Officeholder and Candidate  
Campaign Statement –  
Short Form

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

<b>Date of election if applicable:</b> (Month, Day, Year)  6/3/2014	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____	<b>RECEIVED</b> 2014 JAN 29 PM 2:53 CITY OF TORRANCE CITY CLERK'S OFFICE	<b>CALIFORNIA FORM 470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 13 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Jim Delurgio

STREET ADDRESS

[REDACTED]

CITY

Redondo Beach

STATE

CA

ZIP CODE

90277

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

Torrance

DISTRICT NUMBER  
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement in accordance with the laws of the State of California that the foregoing is true and correct.

Executed on 1/28/2014  
DATE

By [REDACTED]  
DATE